

Basic Life Insurance for Employees

Williamson County provides, at no cost, to Full-Time employees, Basic Life Insurance worth \$30,000.00 with AD&D included through Sun Life

Health Benefit Deductible Option

	In Network Deductible		Out of Network Deductible
Deductibles:	\$300.00 / Person \$750.00 / Family		\$600.00 / Person \$1500.00/Family
Max Out of Pocket:	\$1,300.00 / Person \$2,600.00 / Family		No Maximum No Maximum
Co-Pays:	90% After deductible	Office Visits, Labs, X-Rays, Out/In Patient Services or any Medical Professional Services	70% After deductible
Emergency Room:	\$100.00 Co-Pay, then 90% after deductible		\$100.00 Co-Pay, then 70% after deductible
Yearly Physical:	No Cost to Employee for first \$350 in charges.		70% After deductible

Health Benefit Co-Pay Option

In-Network Benefits Only - No Out-Of-Network Benefits

Co-Pays:	\$15.00 Primary Care Physician Office Visits \$25.00 Specialist Office Visits - ** NO REFERRALS NEEDED TO GO TO A SPECIALIST** \$250.00 Hospital Co-Pay, per admission \$250.00 Outpatient Co-pay, per service
Max Out of Pocket:	\$2,000.00 / Person \$4,000.00 / Family
Emergency Room:	\$100.00 Co-Pay per Visit -- ** Contact PCP within 24 hours of visit**
Yearly Physical:	Co-pays apply based on PCP or Specialist

Please note that the information printed on this sheet is intended for illustration purposes only. Refer to plan document for detailed benefit descriptions.

PHCS Provider Directory Hotline: 1-888-523-7427 or www.phcs.com for Deductible & Co-pay Plans, **Choose PPO Providers**

Prescription Benefits: Caremark 1-800-966-5772 or www.caremark.com

To expedite the start up of your mail order process please contact Faststart at 1-866-273-5268

	30 Day Supply @ Local Pharmacy	90 Day Supply from Mail Order
Generic	\$10.00	\$10.00
Formulary	\$20.00 or 20% which ever is higher	\$40.00
Non-Formulary	\$35.00 or 35% which ever is higher	\$75.00

*****Maximum \$100.00 co-pay per prescription when prescription is purchased at retail pharmacy.**

Payroll Deducted Premiums for Health Benefit Options and Dental Benefit

Coverage Options	Deductible	Spousal	Co-Pay	Spousal	Delta Dental Plan
Williamson County Employee Only	\$0.00*	\$0.00*	\$0.00*	\$0.00*	\$0.00*
Williamson County Employee + One	\$44.70*	\$90.85*	\$31.58*	\$77.74*	\$6.59*
Williamson County Employee + Family	\$85.33*	\$131.49*	\$60.29*	\$106.45*	\$6.59*
Williamson County BOE Employee Only	\$0.00^	\$0.00^	\$0.00^	\$0.00^	\$0.00^
Williamson County BOE Employee + One	\$58.00^	\$118.11^	\$41.06^	\$101.06^	\$8.56^
Williamson County BOE Employee + Family	\$110.93^	\$170.93^	\$78.35^	\$138.38^	\$8.56^
*Per Pay Period Based on 26 Deductions Per Year			^Per Pay Period Based on 20 Deductions Per Year		

Flexible Spending Account – Consociate Group Customer Service 1-800-798-2422

Questions regarding medical benefits and claim status, please contact **CUSTOMER SERVICE at 1-800-798-2422.**

Specific questions regarding employee benefit issues please refer to the below listing:

Pam Esberger – New Hire Specialist	591-8526	pame@williamson-tn.org or pame@wcs.edu
Doris Pedrick – Eligibility Coordinator	595-1268	dorisp@williamson-tn.org or Dorisp@wcs.edu
Gayle Hickman – LOA & Flexible Spending Account Specialist	790-5600	gayleh@williamson-tn.org or gayleh1@wcs.edu
Laurie Gulan – Retiree and Cobra Specialist	591-8506	laurieg@williamson-tn.org or laurieg1@wcs.edu
LeAyn Barnhill – Scanning Technician	591-8521	leaynb@williamson-tn.org or leaynb@wcs.edu